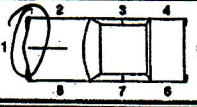
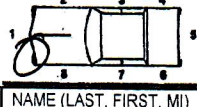


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE							
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN		IN CITY		LEBANON		DATE OF CRASH		3/29/15		DAY		SUN			
CRASH OCCURRED ON		MCDONALDS LOT (650 E. MAIN ST.)		WITHIN THE INTERSECTION OF		DAVE ST.		CITY CODE		TIME: MILITARY		2136			
IF NOT IN INTERSECTION		MILES 30 FEET		N W S E OF		DAVE ST.		CITY CODE							
LOG-1		LOG-2		LOC JUR FH9 FILT											
A	UNIT NO.	1		NO OF OCCUPANTS	1		OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Norman, Noah P.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		1116 MOHAWK DR. LEBANON, OH 45036									
PHONE NO.		513-934-7010		BIRTH DATE	5/9/93		AGE	21		SEX	M		SOCIAL SECURITY NO.		
OWNER (IF SAME AS DRIVER, WRITE SAME)		SAME		ADDRESS		SAME		PHONE		SAME					
VEH YR	1991		MAKE	HONDA		MODEL	4H		COLOR	BLK		STYLE	HB		
STATE	OH		LICENSE PLATE NO.	GKCS791		TOWING SERVICE			VEH/PED DIR	FROM N TO S					
CIRCLE DAMAGE AREAS				9 TOP	10 UNDER CAR		11 LOAD	12 TRAILER		DAMAGE SEVERITY	<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE	<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8	UNIT NO.	2		NO OF OCCUPANTS	1		OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		GAMBILL, MICHELE		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		923 EVERGREEN PARK LN. LEBANON, OH 45036									
PHONE NO.		513-509-4206		BIRTH DATE	11/24/73		AGE	41		SEX	F		SOCIAL SECURITY NO.		
OWNER (IF SAME AS DRIVER, WRITE SAME)		SAME		ADDRESS		SAME		PHONE		SAME					
VEH YR	2010		MAKE	FORD		MODEL	SW		COLOR	GRY		STYLE	SUV		
STATE	OH		LICENSE PLATE NO.	GAMBILL		TOWING SERVICE			VEH/PED DIR	FROM S TO N					
CIRCLE DAMAGE AREAS				9 TOP	10 UNDER CAR		11 LOAD	12 TRAILER		DAMAGE SEVERITY	<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE	<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C	FROM UNIT NO.			NAME (LAST, FIRST, MI)			BIRTH DATE			AGE			POSITION		
D	FROM UNIT NO.			NAME (LAST, FIRST, MI)			BIRTH DATE			AGE			INJURIES		
E	FROM UNIT NO.			NAME (LAST, FIRST, MI)			BIRTH DATE			AGE			CONDITION		
F	FROM UNIT NO.			NAME (LAST, FIRST, MI)			BIRTH DATE			AGE			RESTRAINTS		
A	B	C	INJURED TAKEN TO		By								ALCOHOL		
D	E	F	INJURED TAKEN TO		By								DRUGS		
A	B	C	OFFENSE CHARGED AND DESCRIPTION										EJECTION		
D	E	F	OFFENSE CHARGED AND DESCRIPTION										TESTED		
RECEIVED CALL		2136		DISPATCHED	2137		ARRIVED	2142		CLEARED	2156		OTHER TIME	TOTAL MINUTES	
DATE REPORT FILED		3/30/15		PHOTOS	YES NO		OFFICER'S NAME	STALLARD		BADGE NO.	113		CHECKED BY		
1 NOT USED		2 NONE AVAILABLE		3 LAP BELT USED		4 LAP/SHOULDER BELT USED		5 SHOULDER BELT USED		6 CHILD SAFETY SEAT		7 AIR BAG USED		8 USE NOT REPORTED	
1 NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE									
1 NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG											

State Ptl-012 2/13/03